



PENNSYLVANIA ASSOCIATION OF COMMUNITY HEALTH CENTERS

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October 8, 2018  
Federal Communications Commission  
445 12th Street SW  
Washington, DC 20554

RE: Input on Design of Connected Care Pilot Program  
WC Docket. No. 18-213

Dear FCC Commissioners and Staff,

The Pennsylvania Association of Community Health Centers (PACHC) would like to thank you the FCC for its leadership in proposing the \$100 million Connected Care Pilot Program, to expand access to connected care for low-income patients and veterans who qualify for no-cost care through the VA. We are pleased to submit comments in response to the Notice of Inquiry regarding how the program should be designed.

PACHC is writing in support of the comments submitted by the National Association of Community Health Centers along with the 50 health centers we represent caring for over 800,000 vulnerable patients throughout Pennsylvania. A summary of these comments is as follows:

**Overarching Comments:**

- Community Health Centers (CHCs) are the backbone of the nation's "primary care safety net" for low-income patients, with over 90% of our patients being low income half of whom are enrolled in Medicaid. We appreciate the FCC's recognition of the valuable role that connected care technology can play in expanding access, decreasing costs, and improving health outcomes for low-income patients.
- To best demonstrate the potential impact of connected care, the FCC should work closely with the Centers for Medicare and Medicaid Services (CMS) to pair the CCPP with enhancements in Medicaid and Medicare reimbursement for connected care services.
- NACHC is very concerned the CCPP (and/or any future programs with similar goals) may be funded through reductions in the Lifeline program or other vital programs actively improving the telecommunications capabilities of low income Americans. Millions of CHC patients rely on Lifeline to be able to afford phone or Internet access and reducing Lifeline funding to pay for Connected Care could leave millions of our patients without basic telecommunication service.

### **General Use of Funds**

- NACHC strongly supports the CCPP's focus on low-income patients and encourages the FCC to ensure decisions about program design maintain this focus.
- CCPP funds should be focused on providing broadband access to low-income patients and equipment to patients and providers – not on broadband access for health care providers.

### **Eligibility Criteria for Health Care Providers**

- Eligibility to apply for CCPP funds should be limited to outpatient providers for which a majority of patients are low-income and/or veterans who qualify for no-cost care, and to organizations that represent such providers. Specifically:
  - “Primary eligibility” – meaning eligibility to apply for and receive CCPP funding directly -- should be limited to outpatient providers, as they are the ones that most consistently manage the types of conditions that are appropriate for connected care.
  - Outpatient providers should be permitted to form consortia with other providers -- including inpatient providers, such as hospitals and rehab facilities – when designing and applying for their CCPP projects. However, the outpatient provider should retain primary responsibility for the project.
  - The percentage of a health care provider's patients who are on Medicaid is not an appropriate proxy for percentage of their patients who are low-income.
  - “Low-income” should be defined as individuals in families with incomes at or below 200% of the Federal Poverty Level (FPL).
  - “Providers who serve predominantly low-income patients” should be defined as those for which the majority of patients are below 200% FPL and/or veterans eligible for free care.
  - Eligibility should be extended to organizations that represent groups of providers who would otherwise be eligible, individually.

### **Eligibility Criteria for Low-Income Subscribers (i.e., patients)**

- Eligible low-income subscribers should: 1) have incomes at or below 200% FPL and/or be veterans eligible for free care, veterans, and 2) be actively participating in connected care.
- Participating health care providers should be permitted to select the specific health conditions or demographic characteristics that they will target.

### **Financing and Uses of Equipment**

- Participation should not be limited to proposals where the broadband provider will donate the end-user equipment.
- Participating health care providers should be permitted to use their on-site CCPP equipment to provide care to any patient, regardless of whether the patient is a low-income subscriber participating in the CCPP.
- Health care providers should be permitted to determine what type of patient equipment is most appropriate for their care model.
- Equipment that is funded directly or indirectly through the CCPP should be provided to eligible patients for free and/or at a reduced fee based on income.

**Regulatory Barriers to Telemedicine**

- Regulatory barriers prevent health care providers – including but not limited to CHCs -- from being reimbursed for telemedicine, creating a significant impediment to the spread of this technology.
- Community Health Centers (CHCs) are further discouraged from engaging in telehealth by the significant uncertainty and burdensome requirements associated with getting their Federal malpractice insurance to cover these services.
- Conflicting state laws create barriers to providing care across state lines.

**Evaluation**

- When establishing evaluation parameters, the FCC should keep in mind the limits on the types of data that health care providers can access.
- The FCC should request support from CMS to access Medicaid and Medicare data.

Thank you for your attention to these comments, and PACHC looks forward to potentially collaborating with the FCC to implement this important program.

Sincerely,

James Willshier  
Director, Policy & Partnership